

**CITY HALL** 70 Maple Street Manistee, MI 49660 www.manisteemi.gov

Administration Fax 231.723.1546

City Manager 231.398.2801

City Assessor 231.398.2802

Planning & Zoning 231.398.2805

Clerk/Treasurer Fax 231.723.5410

City Clerk 231.398.2803

City Treasurer/ **Finance Director** 231.398.2804

**Water Billing** 231.723.2559

**Police Department** 231.723.2533 Fax 231.398.2012

**Fire Department** 281 First Street 231.723.1549 Fax 231.723.3519

Department of **Public Works** 

280 Washington St.

- · Street Department
- Parks Department
- Water Maintenance 280 Washington St. 231.723.7132 Fax 231.723.1803

**Clean Water Recovery Facility** 50 Ninth St. 231.723.1553

January 25, 2022

Dear Taxpayer,

Please fine the enclosed 2022 Hardship Application to fill out for 2022. Please read the Guidelines. You will need your application filled in Completely along with Form 5739, Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty, this is a new requirement. If you are not required to file Income Tax with the I.R.S. or the State of Michigan you will need to fill out Form 4988, Poverty Exemption Affidavit. Please know and understand that incomplete applications will be DENIED by the Board of Review. We do require proof of income. The Board of Review CAN NOT deviate from the guidelines.

If you have any questions, please do not hesitate to call at 231-398-2802 And we will answer your questions and help you in any way we can.

You may drop off your application at 70 Maple Street, Manistee, Mi 49660 attention City Assessor.

Sincerely yours,

Molly Whetstone, Assessor

City of Manistee



# RESOLUTION ESTABLISHING POVERTY GUIDELINES FOR EXEMPTION FROM PROPERTY TAX CONTRIBUTIONS FOR 2022

WHEREAS, the adoption of guidelines for poverty exemptions is within the purview of the City Council; and

WHEREAS, the homestead of persons who, in the judgment of the Board of Review, by reason of poverty, are unable to contribute to the public charges is eligible for exemption in whole or part from taxation under Public Act253 of 2020 (MLC211.7u) and

WHEREAS, pursuant to PA253, 2020, City of Manistee, Manistee County adopts the following guidelines for the Board of Review to implement. The guidelines shall include but not be limited to the specific income and assets levels of the claimant and all persons residing in the household in the current or immediately preceding year;

#### PROCESS:

To file a poverty exemption from property tax contribution in City of Manistee, the following processes shall be used:

- File a claim with the Board of Review using Form 5753 Application for MCL 211.7u. Form
  needs to be, accompanied by federal and state tax returns for all persons residing in the
  homestead or file form 4988 Poverty Exemption Affidavit if you are not required to file a
  Federal Income Tax Return.
- Produce a valid driver's license or other form of identification if requested.
- Produce a deed, land contract, or other evidence of ownership of the property for which an
  exemption is requested.
- The application for and exemption shall be filed after January 1, but before the day prior to the last day of Board of Review.
- Any tax exemption given to an individual under these guidelines shall be for the one (1)
  year tax and a new application will be required for the next year.
- The City of Review CANNOT Deviate from the Guidelines listed herein.
- Must meet the federal poverty standards published annually by the State Tax Commission.
- Must meet the asset level test adopted by the City of Manistee.
- A person claiming the poverty exemption meets all the requirements of the Guidelines set by the City of Manistee's Board of Review they shall grant an exemption of 100%.

Total Liquid and non-homestead assets along with non-essential personal property shall not exceed 150% of the income listed.

- Liquid assets to be considered include cash, unrestricted deposits and accounts, securities, bonds, promissory notes, stocks, and other similar type of assets.
- · A second home, land, vehicles.
- Recreational vehicles such as campers, motor-homes, boats and ATV's.
- Buildings other than residence.
- Jewelry, antiques, artwork.
- Equipment, other personal property of value.
- Bank Accounts over \$10.00, stocks.
- Money received from the sale of property, such as stocks, bonds, a house or car (unless a person
  is in the specific business of selling such property.
- · Withdrawals of bank deposits and borrowed money.
- Gift's, loans, lump-sum inheritances and one-time insurance payments.
- Food or housing received in lieu of wages and the value of food and fuel produced and consumed on farms.
- Federal non-cash benefit programs such as Medicare, Medicaid, food stamps and school lunches.

NOW, THEREFORE, BE IT HEREBY RESOLVED, that the Board of Review shall follow the above stated policy and federal guidelines in granting or denying an exemption.

FURTHER SAYETH NOT THIS RESOLUTION

Lynda Beaton, Mayor

Dated

Heather Pefley CMC/CMMC, MICPT

City Clerk

### Application for MCL 211.7u Poverty Exemption

This form is issued under the authority of the General Property Tax Act, Public Act 206 of 1893, MCL 211.7u.

MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893, provides a property tax exemption for the principal residence of persons who, by reason of poverty, are unable to contribute toward the public charges. This application is to be used to apply for the exemption and must be filed with the Board of Review where the property is located. This application may be submitted to the city or township the property is located in each year on or after January 1.

**To be considered complete, this application must:** 1) be completed in its entirety, 2) include information regarding all members residing within the household, and 3) include all required documentation as listed within the application. Please write legibly and attach additional pages as necessary.

T 1: PERSONAL INFOR	RMATION -	- Petitioner must I	ist all required person	al information			
Petitioner's Name			Daytime Phone Number				
Petitioner	Morital Status		I				
r cuttories	Ivianitai Status		Age of Spouse	Number of Legal Dependents			
ty Address of Principal Residence			City		State	ZIP Code	
Check if applied for Homestead Property Tax Credit			Amount of Homestead Property Tax Credit				
T 2: REAL ESTATE INF	ORMATIO	N					
ence of ownership of the	on related to property a	o your principal res at the Board of Rev	sidence. Be prepared iew meeting.	to provide a d	eed, lan	d contract or other	
ty Parcel Code Number			Name of Mortgage Company				
Balance Owed on Principal Resid	ence	Monthly Payment	Length of Time at this Residence				
ly Description							
3: ADDITIONAL PROF	PERTY INF	ORMATION					
nformation related to any	y other pro	perty owned by you	u or any member resid	ding in the hou	ısehold.		
Check if you own, or are buying, other property. If che information below.			ecked, complete the	Amount of Income Earned from other Property			
Property Address			City		State	ZIP Code	
Name of Owner(s)			Assessed Value	Date of Last Taxes	s Paid	Amount of Taxes Paid	
Property Address			City		State	ZIP Code	
Name of Owner(s)			Assessed Value	Date of Last Taxes	s Paid	Amount of Taxes Paid	
	rer's Name  Petitioner  ty Address of Principal Residence  Check if applied for Hor  T 2: REAL ESTATE INF  the real estate informatic ence of ownership of the ty Parcel Code Number  Balance Owed on Principal Resid ty Description  T 3: ADDITIONAL PROF  Information related to any Check if you own, or are	Petitioner  Ty Address of Principal Residence  Check if applied for Homestead Property and the real estate information related the ence of ownership of the property and ty Parcel Code Number  Balance Owed on Principal Residence  Ty Description  Ty Balance Owed on Principal Residence  Ty Description  Ty Address  Name of Owner(s)  Property Address	Petitioner  Marital Status  Ty Address of Principal Residence  Check if applied for Homestead Property Tax Credit  T 2: REAL ESTATE INFORMATION  the real estate information related to your principal resence of ownership of the property at the Board of Revity Parcel Code Number  I Balance Owed on Principal Residence  Monthly Payment  T 3: ADDITIONAL PROPERTY INFORMATION  Information related to any other property owned by your Check if you own, or are buying, other property. If che information below.  Property Address  Name of Owner(s)  Property Address	Petitioner Marital Status Age of Spouse  ty Address of Principal Residence City  Check if applied for Homestead Property Tax Credit  T 2: REAL ESTATE INFORMATION  the real estate information related to your principal residence. Be prepared ence of ownership of the property at the Board of Review meeting.  It aliance Owed on Principal Residence Monthly Payment  It aliance Owed on Principal Residence Monthly Payment  T 3: ADDITIONAL PROPERTY INFORMATION  Information related to any other property owned by you or any member residence information below.  Property Address City  Name of Owner(s)  Assessed Value  Property Address  City  City  City  Amount of Homestead Property Address  City  Amount of Homestead Property Address  City  Amount of Homestead Property Address  City  Assessed Value  Property Address  City	Petitioner  Petitioner  Marital Status  Age of Spouse  Numt  Amount of Homestead Property Tax Credit  T 2: REAL ESTATE INFORMATION  the real estate information related to your principal residence. Be prepared to provide a dence of ownership of the property at the Board of Review meeting.  Ty Parcel Code Number  Monthly Payment  Ralance Owed on Principal Residence  Monthly Payment  Length of Time at ty Description  T 3: ADDITIONAL PROPERTY INFORMATION  Information related to any other property owned by you or any member residing in the hour of the property owned by you or any member residing in the hour of the property owned by you or any member residing in the hour of the property owned by you or any member of locome information below.  Property Address  City  Name of Owner(s)  Assessed Value  Date of Last Taxes	Petitioner    Marital Status   Age of Spouse   Number of Legal	

PART 4: EMPLOYMENT	INFORMAT	ION — List your c	urrent employ	ment inf	formation.			
Name of Employer		·						
Address of Employer			City			State	ZIP Code	
			·					
Contact Person			Employer Tele	∌phone Nun	mber			
PART 5: INCOME SOUR	CES						and the second second	
List all income sources, in accounts), unemployment judgments from lawsuits, income, for all persons res	compensations ch	tion, disability, gove nild support, friend	ernment pens	ions, wo	rker's compensa	tion, divi	dends, claims and	
Source of Income					Month	Monthly or Annual Income (indicate which)		
						2000		
PART 6: CHECKING, SA	VINGS AND	INVESTMENT IN	IFORMATION	1				
List any and all savings accounts, postal savings, persons residing at the pr	credit union							
Name of Financial Institution Amount or Investments on Deposit Ir		Current Interest Rate	N	- 333		Value of Investment		
						-		
PART 7: LIFE INSURANCE					S.			
Name of Insured	Amount Policy		Policy Paid in Full N		Name of Beneficiary		Relationship to Insured	
V								
ž.		R						
PART 8: MOTOR VEHICL	FINEORM	IATION						
All motor vehicles (includ within the household mus	ing motorcy		es, camper tra	ilers, et	tc.) held or owne	d by an	y person residing	
within the nodseriola mas	t be listed.							
Make		Year	Year I		Monthly Payment		Balance Owed	
							4 1	

PART 9: HOUSEHOLD O	CCUPANTS -	— List all p	ersons I	iving	in the househ	nold.			
First and Last Name		Age		Relationship to Applicant P		Pla	Place of Employment		\$ Contribution to Family Income
						ı			
						1			
						+			
PART 10: PERSONAL DE	BT — List all	personal c	lebt for a	all ho	usehold mem	bers	•		
	_		Da						
Creditor	Purpose	of Debt	of De	ebt	Original Ba	lanc	e Mon	thly Payment	Balance Owed
							_		
					-				
							_		
PART 11: MONTHLY EXP	ENSE INEOE	MATION							
The amount of monthly e			ringinal	rocid	longo for one	h 00	togony	must be listed	d Indianta N/A as
necessary.	Apenses relai	ed to the p	лпсіраі	16510	lefice for eac	iii Ca	legory	must be lister	a. Indicate N/A as
Heating	Electric			Water			Phone		
Cable	Food	Food		Clothing			Health Insurance		
Corbono				,			Car Expense (gas, repair, etc.)		
Garbage		Daycare					Sai Esperio (gas, repail, ste.)		
Other (type and amount)		Other (type an	Other (type and amount)				Other (type and amount)		
Other (type and amount)		Other (type an	er (type and amount)				Other (type and amount)		

**NOTICE:** Per MCL 211.7u(2)(b), federal and state income tax returns for all persons residing in the principal residence, including any property tax credit returns, filed in the immediately preceding year or in the current year must be submitted with this application. Federal and state income tax returns are not required for a person residing in the principal residence if that person was not required to file a federal or state income tax return in the tax year in which the exemption under this section is claimed or in the immediately preceding tax year.

PART 11: POLICY AND GUIDELINES ACKNOWLEDGMENT				
The governing body of the local assessing unit shall determine and make available to the public the policy and guidelines used for the granting of exemptions under MCL 211.7u. In order to be eligible for the exemption, the applicant must meet the federal poverty guidelines published in the prior calendar year in the Federal Register by the United States Department of Health and Human Services under its authority to revise the poverty line under 42 USC 9902, or alternative guidelines adopted by the governing body of the local assessing unit so long as the alternative guidelines do not provide income eligibility requirements less than the federal guidelines. The policy and guidelines must include, but are not limited to, the specific income and asset levels of the claimant and total household income and assets. The combined assets of all persons must not exceed the limits set forth in the guidelines adopted by the local assessing unit.				
The applicant has reviewed the applicable policy and guidelines adopted by the city or township, including the specific income and asset levels of the claimant and total household income and assets.				
PART 12: CERTIFICATION				
I hereby certify to the best of my knowledge that the information provided in this form is complete, accurate and I am eligible for the exemption from property taxes pursuant to Michigan Compiled Law, Section 211.7u.				
Printed Name	Signature	Date		
	<u> </u>			

This application shall be filed after January 1, but before the day prior to the last day of the local unit's December Board of Review.

Decision of the March Board of Review may be appealed by petition to the Michigan Tax Tribunal by July 31 of the current year. A July or December Board of Review decision may be appealed to the Michigan Tax Tribunal by petition within 35 days of decision. A copy of the Board of Review decision must be included with the petition.

Michigan Tax Tribunal PO Box 30232 Lansing MI 48909

Phone: 517-335-9760

E-mail: taxtrib@michigan.gov

## Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty

This form is issued under the authority of Public Act 253 of 2020.

This form is to be used to affirm ownership, occupancy, and income status. MCL 211.7u(2) provides that, to be eligible for exemption under this section, a person shall, subject to subsection (6) and (8), annually affirm that the applicant owns and occupies, as a principal residence, the property for which an exemption is requested.

PART 1: OWNER INFORMATION — Enter inform	nation for the person owning a	and occupying t	he resid	lence.	
Owner Name	Owner Telephone	Owner Telephone Number			
Mailing Address	City		State	ZIP Code	
Maining / Ned 1000	City		State	ZIF Code	
PART 2: LEGAL DESIGNEE INFORMATION (Co	omplete if applicable.)				
Legal Designee Name		Daytime Telephone Number			
Mailing Address	10%	1	01-1-	710.0-1-	
Mailing Address	City		State	ZIP Code	
PART 3: HOMESTEAD PROPERTY INFORMAT	ION — Enter information for pro	nerty in which the	exemnt	ion is being claimed	
City or Township (check the appropriate box and enter name)	ion and information for pro	County	·		
City Township Village					
Name of Local School District					
Parcel Identification Number	Year(s) Exemption Previous	sly Granted by Board o	of Review		
Homestead Property Address	City		Ctata	710.0-4-	
Homestead Property Address	City		State	ZIP Code	
PART 4: AFFIRMATION OF OWNERSHIP, OCCI	UPANCY, AND INCOME STA	TUS (Check all	boxes t	hat apply.)	
□ I own the property in which the exemption is being claimed. □ The property in which the exemption is being claimed is used as my homestead. Homestead is generally defined as any dwelling with its land and buildings where a family makes its home. □ After establishing initial eligibility for the exemption, my income and asset status has remained unchanged and/or I receive a fixed income solely from public assistance that is not subject to significant annual increases beyond the rate of inflation, such as federal Supplemental Security Income or Social Security disability or retirement benefits.  PART 5: CERTIFICATION  I hereby certify to the best of my knowledge that the information provided on this form is true and I am eligible to receive an exemption from property taxes by reason of poverty pursuant to Michigan Compiled Law, Section 211.7u.  Owner or Legal Designee Name (print)  Signature of Owner or Legal Designee					
Designee must attach a letter of authority.					
LOCAL GOVERNMENT U	SE ONLY (DO NOT WRITE B	ELOW THIS LII	NE)	<b>原中</b>	
Approved Denied (Attach appeal instruc	tions and provide to owner.)	Tax Year(s) exer	mption wi	ll be posted to tax roll	
<b>CERTIFICATION</b> — I certify that, to the best of my knowledge, the information contained in this form is complete and accurate.					
Assessor Signature		Date Certified by A	ssessor		
a d					

#### **Poverty Exemption Affidavit**

This form is issued under authority of Public Act 206 of 1893; MCL 211.7u.

**INSTRUCTIONS:** When completed, this document must accompany a taxpayer's Application for Poverty Exemption filed with the supervisor or the board of review of the local unit where the property is located. MCL 211.7u provides for a whole or partial property tax exemption on the principal residence of an owner of the property by reason of poverty and the inability to contribute toward the public charges. MCL 211.7u(2)(b) requires proof of eligibility for the exemption be provided to the board of review by supplying copies of federal and state income tax returns for all persons residing in the principal residence, including property tax credit returns, or by filing an affidavit for all persons residing in the residence who were not required to file federal or state income tax returns for the current or preceding tax year.

l,	, swear and affir	rm by my signature below that I
	hat is the subject of this Applicatio eceding tax year, I was not require	
Address of Principal Residence: _		
-		
Signature of Pers	son Making Affidavit	Date